

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																	
1 Date of Request: <u>10-18-96</u>		2 Serial/Patent # <u>8/0603018</u>																															
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 90%;">Filing</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;">\$ 2100.<sup>00</sup></td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> <tr><td style="height: 20px;">\$</td></tr> </table>	\$ 2100. <sup>00</sup>	\$	\$	\$	\$	\$	\$	\$	\$	\$
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 30%; height: 20px;"></td><td style="width: 70%; height: 20px;"></td></tr> <tr><td style="height: 20px;"><input checked="" type="checkbox"/> Overpayment</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"><input type="checkbox"/> Duplicate Payment</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"><input type="checkbox"/> No Fee Due (Explanation):</td><td style="height: 20px;"></td></tr> </table>				<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> No Fee Due (Explanation):		8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"><input checked="" type="checkbox"/></td> <td style="width: 90%;">Treasury Check</td> </tr> <tr> <td style="height: 20px;"><input type="checkbox"/></td> <td style="height: 20px;">Credit Deposit A/C #:</td> </tr> <tr> <td style="height: 20px;">9</td> <td style="height: 20px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> </td> </tr> </table>		<input checked="" type="checkbox"/>	Treasury Check	<input type="checkbox"/>	Credit Deposit A/C #:	9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	3	--	2	8	5										
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TYPED/PRINTED NAME: _____		TITLE: <u>LIE</u>																															
SIGNATURE: <u>[Signature]</u>		PHONE: <u>8-1901</u>																															
OFFICE: <u>DIPE</u>																																	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																	
APPROVED: <u>Karen Strange</u>		DATE: <u>Oct 30, 1996</u>																															

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	310	1	08663618	00088	960614	960625	101	2,100.00
C	380	1	08663618	00126	960828	960905	205	65.00
C	380	1	08663618	00127	960828	960905	205	65.00-
C	380	1	08663618	00128	960828	960905	205	65.00

NO MORE TRANSACTIONS

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